

LTC Bulletin

Fall 2010



It's time for MDS 3.0!

By Joan Brundick, MDS Coordinator

The Centers for Medicare and Medicaid Services will begin using a new version of the Minimum Data Set on Oct. 1, and nursing homes nationwide must be prepared to follow suit. The Department of Health and Senior Services and other members of the MDS Planning Committee provided statewide training to facilities about the change during the summer. But any facility with staff members who still feel unprepared can take advantage of online training at http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp#TopOfPage and read the Resident Assessment Instrument, or RAI, manual.

The new MDS 3.0 will result in significant changes, including no Quality Indicators/Quality Measures (QI/QMs) for one year. This change will affect facilities' quality improvement programs and the ways surveyors choose resident samples for a survey. Facilities also can expect longer and more detailed initial tours.

MDS 3.0 also has a new format and new item sets, which require training for all facility staff, especially MDS coordinators. CMS forms 672 and 802 have been revised; so have Appendices P and PP of the State Operations Manual, and their references to QI/QMs and Resident Assessment Protocols. RAPs have become Care Area Assessments in 3.0.

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A publication of the
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MDS 3.0 *(continued from page 1)*

Beginning Oct. 1, facilities will be required to use the Resource Utilization Groups (RUGs) version IV. Pending legislation, there is a possibility that CMS will convert to a Hybrid RUGs III version during the winter. The Section for Long Term Care Regulation will provide all updates regarding this and the MDS on its free, weekly listserv. To subscribe, go to <http://www.dhss.mo.gov/SeniorServices>, and click on “Subscribe to LTC Information Update.”

The way that facilities handle discharge planning will also change with MDS 3.0. CMS wants residents whose care plan shows they have the potential to return to their community or home to be asked whether they would like to speak with someone about that possibility. A resident’s “yes” response should trigger a referral to a Local Contact Agency (LCA) within 10 business days. Contact information for LCAs will be provided in the Section for Long Term Care Regulation’s weekly listserv.

Many health care companies have published the new RAI 3.0 manual, and every MDS coordinator should have one. The manual can also be downloaded free from the CMS site: http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp#TopOfPage. The CMS site also has MDS 3.0 training slides, interview videos and satellite broadcasts site.

Facilities should contact their software vendors to find out whether they offer training on the changes included in MDS 3.0. Fiscal intermediaries will provide training for billers. Facility administrators should send their MDS coordinators to the free, monthly MDS support group meetings. Go to <http://www.nursinghomehelp.org/supgr.html> for a list of dates and locations throughout the state.

MDS 3.0 is bringing change to the long-term care community on Oct. 1. Facilities can prepare by taking advantage of available training and reading the revised RAI manual. After MDS 3.0 is goes into effect, there will likely be more revisions as the nation’s nursing homes convert to the new rules. The Section for Long Term Care Regulation’s listserv will provide revision updates as they become available. Contact DHSS’ Joan Brundick at 573-751-6308 or at joan.brundick@dhss.mo.gov for questions related to MDS 3.0.



How Would You Like Your Eggs?

By Tara McKinney, Health Program Representative

Almost every morning for 25 years, John's wife cooked him a breakfast that included two over-easy eggs. She has since died and John is now in a nursing home. He is discouraged because the home has told him that cooking his eggs over easy violates regulations. But it doesn't.

Regulations require homes to cook eggs to a proper temperature to safeguard residents' health. But food preparation requirements are not intended to restrict resident choice. Facilities can keep food safe and provide residents with greater choice by purchasing eggs pasteurized in the shell.

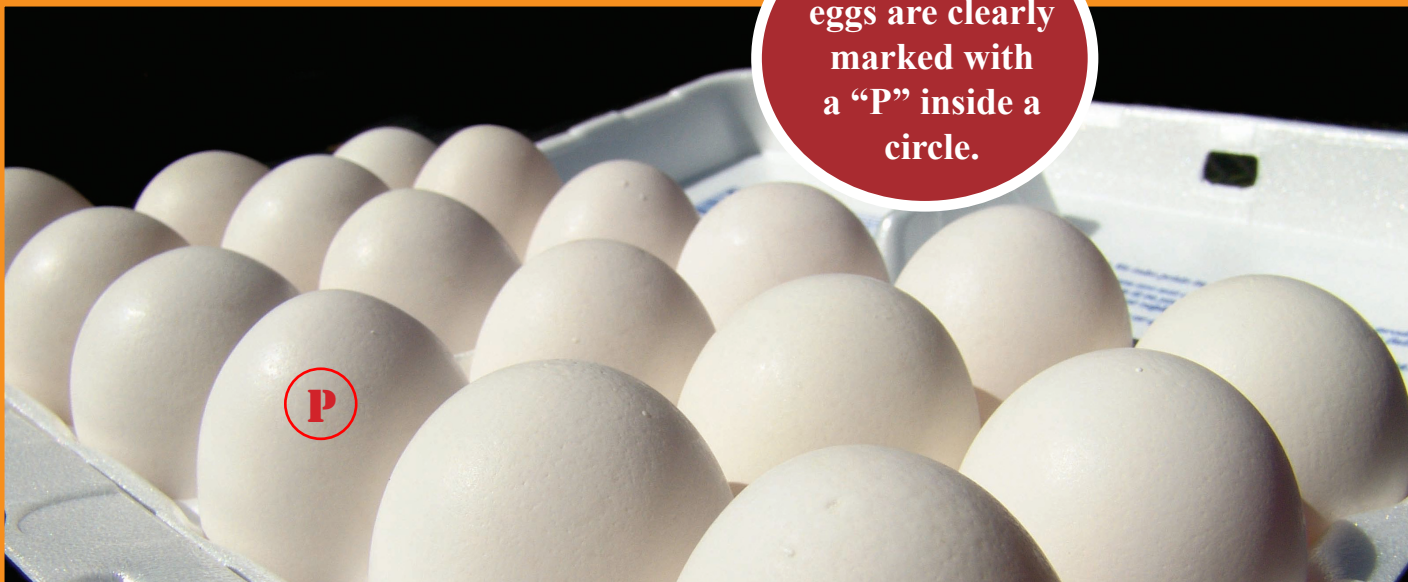
Eggs pasteurized in the shell are eggs that have been heated briefly to a certain temperature to eliminate harmful bacteria such as salmonella. The pasteurization process does not cook the egg or affect its color, flavor or nutritional value. Pasteurization allows facilities to cook eggs any way the resident requests and remain in compliance with F371, CFR 483.35 (i).

Salmonella is especially risky for the elderly and people in nursing homes. It can cause mild to severe gastrointestinal upset and diarrhea, chronic arthritis – even death.

By purchasing eggs pasteurized in the shell, facilities can allow residents to have eggs cooked their favorite way while also protecting their health and following regulations. Pasteurized eggs are available in local supermarkets and at food suppliers. Check with your local grocer or supplier for details and cost.



**Pasteurized
eggs are clearly
marked with
a "P" inside a
circle.**



CPR: Is Your Staff Qualified to Perform It?

By Quality Improvement Program for Missouri (QIPMO) Nurses

State regulations require that long-term care facilities have staff members with the skill and training to perform cardiopulmonary resuscitation on residents at any time. In the past year, however, workers at some nursing homes failed to perform CPR when needed. Now is a good time to review your home's policy and practices to ensure that your staff is prepared and competent to perform this procedure.

There are many negative outcomes that might result from lack of preparation. It is important to know the DNR status of each resident. The emotional toll resulting from CPR being performed on a person with DNR status or not performing CPR on a person with full code status is immeasurable. CPR performed perfectly in an elderly person may cause pain, damage to chest wall, ribs, and internal organs. If poor technique is used, the potential for injury is increased and could lead to prolonged agony for the resident and family. CPR preparedness also means facilities must have the necessary supplies to enable staff members to sustain a resident until an ambulance arrives.

The Department of Health and Senior Services has issued citations to facilities for a lack of CPR preparedness. The main concern is the impact on lives and the possible negative outcomes. The citations affect a facility's Five-Star Quality Rating. If the department determined that the lack of CPR readiness constitutes an immediate jeopardy to residents, the effect is long-lasting.

Various reasons for these deficiencies have been cited, including:

- Staff fails to initiate CPR on a resident without a do-not-resuscitate (DNR) order;
- Staff is unable to determine whether a resident has a DNR order;
- On-duty staff lacks CPR training;
- Staff performs CPR incorrectly;
- A CPR cart or emergency supplies are not accessible to staff.

Deficiencies related to CPR preparedness fall under F309 Quality of Care: Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychological well-being, in accordance with the comprehensive assessment and plan of care.

What should you do to ensure CPR Preparedness in your home?

- **Nurses are obligated to initiate CPR when a resident with no DNR order is found with no pulse or respiration.** It doesn't matter how lifeless the resident may appear or how futile CPR might seem.

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CPR: Is Your Staff...

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• **Devise a plan to let staff know which residents have DNR orders and which residents do not.** Anyone trained in CPR needs to know where to find that information, and it should be available before a critical situation arises. A facility's social services staff should talk to residents, their families or their legal representatives upon admission to learn a resident's preferences. If a resident does not wish to be resuscitated in the event of cardiac or respiratory arrest, then a facility must obtain the paperwork and physician's order validating that preference. The order should be reviewed routinely and any time a resident's health changes. The chart needs to be flagged. A facility should devise a plan to identify residents with a DNR order. Perhaps residents with a DNR order will have a different colored nameplate on their door, or a dot on their nameplate. It should be something that will not get lost or moved accidentally. If there is a change in a resident's DNR status, the plan must indicate how identifiers and staff are updated.

• **Make sure at least one CPR-trained staff person is on duty for every shift.** A facility must have at least one staff person on every shift who is trained in CPR and can meet residents' needs during a medical emergency. Licensed nurses receive CPR training in nursing school. Non-licensed personnel may receive CPR training via certification.

• **Emergency supplies must be easily accessible and ready to go.** A "CPR cart" can provide emergency supplies and can be monitored to ensure those supplies are available and secured. All staff members must know how to access the cart. If facilities use a key lock, the key must be quickly retrievable at all times. Plastic devices are available that lock and secure the cart and can be removed quickly in an emergency.

Please take time to review your policies and procedures. Steps taken now will help your staff react appropriately in an emergency. Your QIPMO nurse would be happy to assist you in this review. You may contact her directly or contact Jessica Mueller at the Sinclair School of Nursing, 573-882-0241.

Here is the precise wording from which this article was drawn:

19 CSR 30-85.042(13) The facility shall develop policies and procedures applicable to its operation to insure the residents' health and safety and to meet the residents' needs. At a minimum, there shall be policies covering personnel practices, admission, discharge, payment, medical emergency treatment procedures, nursing practices, pharmaceutical services, social services, activities, dietary, housekeeping, infection control, disaster and accident prevention, residents' rights and handling residents' property.

19 CSR 30-85.042 (22) The facility must ensure there is a system of in-service training for nursing personnel which identifies training needs related to problems, needs, care of residents and infection control and is sufficient to ensure staff's continuing competency.

19 CSR 30-85.042 (37) All facilities shall employ nursing personnel in sufficient numbers and with sufficient qualifications to provide nursing and related services which enable each resident to attain or maintain the highest practicable level of physical, mental and psychosocial well-being. Each facility shall have a licensed nurse in charge who is responsible for evaluating the needs of the residents on a daily and continuous basis to ensure there are sufficient, trained staff present to meet those needs.

19 CSR 30-85.042 (67) Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice.



Staffing agencies:

Are they sending you properly screened employees?

By Rick Jury, Facility Surveyor III



Does your facility use a staffing agency? If so, do you know how that agency screens workers before they are sent to your facility? Does your contract with that agency specify what types of background checks it must conduct? These are just a few of the questions you should ask.

Federal regulations prohibit Medicare- and Medicaid-certified facilities from employing individuals who have a finding of abuse, neglect or a misappropriation of property on the state's nurse aide registry. Yet the Department of Health and Senior Services has found such individuals employed in long-term care facilities, often the result of staffing agency placements. The individuals were employed in housekeeping, dietary, maintenance and nursing. Employing these individuals may place your residents and your facility at risk. Your facility could be sued and face federal penalties. Certified facilities are required to screen potential employees by checking the state CNA/CMT/Insulin Registry at <http://www.dhss.mo.gov/CNARegistry>.

Federal laws also prohibit Medicare, Medicaid, and other federal health care program funds from being used to pay for any item or service by an individual or entity that has engaged in fraud or patient abuse. No program payment may be made to cover such an individual's salary, expenses, or fringe benefits. Providers may face civil monetary penalties if they submit claims to a federal health care program for health care items or services provided, directly or indirectly, by such an individual or entity. Protect your facility and residents by checking the Office of the Inspector General's List of Excluded Individuals/Entities at <http://oig.hhs.gov/> and the Federal Exclusions List at <http://www.epls.gov/>.

For more information, please visit the websites above or contact the Survey and Compliance Unit of the Section for Long Term Care Regulation at 573-526-8523 Fax, 573-526-8797, or the Health Education Unit at 573-526-5686, Fax, 573-526-7656.

You could be missing out on important information

Have you subscribed to the LTC Information Update? If not you could be missing out on important information. The LTC Information Update is sent weekly and includes important and up-to-date information regarding state and federal regulations, upcoming events, health information and much more. You must subscribe to receive this update. Subscribe today by going to the DHSS Web site at www.dhss.mo.gov/SeniorServices and then click on "Subscribe to LTC Information Update."



Emma and her daughter, Suzanne, sing together at the piano in the dining room of the Mary Culver Home for the Visually Impaired.

*By Sandra Gilfillan,
Mary Culver Home for the Visually Impaired
Director of Marketing*

Hello . . . helloooo! Randy, Suzanne, are you there?

Emma Heifner lived a life filled with music, song and joy until parts of her personality were snatched away by dementia. Her son and daughter provided around-the-clock care for her until it became clear her physical and social needs would be better met in a group setting.

Emma, now a resident at Mary Culver Home for the Visually Impaired, often forgets where she lives and calls out for her son and daughter. Dementia, an isolating condition, can become more severe when people cannot rely on visual cues for meaning.

For Emma, calling out a friendly, lilting “hello” is a way of validating that she is not alone. Staff soon realized, however, that behind the repetitive cries was a woman of great talent, intelligence, and humor.

The first glimmer of her talents came during a musical program. As the music therapist began playing the piano, Emma chimed in with a strong, clear soprano that caused everyone to stop and listen. Emma, it turns out, has lived her life with music. Her father, a barber in small-town Oxford, Ala., taught singing in his free time. He and Emma’s mother formed their own “choir” by having 10 children.

Emma’s love of music took hold at church. In Oxford, she sang in the choir and at weddings and funerals. The church organist taught her to play the organ. Emma grew up in Oxford and eventually married. In 1954, the couple moved to Missouri when Emma’s husband accepted a job in St. Louis. There, she joined the Kirkwood Baptist Church, taught Sunday school and Bible school, and played piano for children in grades one through three. Some of her happiest moments today are joining the church congregation on Sunday mornings and lifting her voice in song.

Music is also her family’s legacy. Emma’s daughter, Suzanne, earned degrees in music education and piano performance. She has taught at several colleges. Emma’s youngest daughter received a degree in music education just last spring.

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Emma Heifner

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Emma can no longer remember recent events, but she glows when talking about her youth in Alabama and about raising her family. “She’s a great storyteller,” said Nurse Pam Sesti. “When she talks about the past, we get a clear sense of her values and her great sense of humor.”

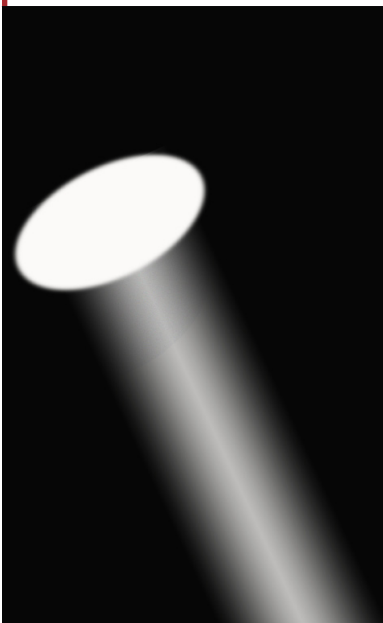
Music is definitely the bridge from her past to a present that she struggles to understand. Music lets everyone see the woman within – the loving mother, steadfast wife, the community volunteer, the churchgoer – even the entertainer.

“The other ladies thoroughly enjoy her singing,” said Ericha Gilchrist, a certified nurse assistant who formerly worked with Emma. “She gets lots of positive feedback from them.”

Staff members use Emma’s musical interests as a natural antidote to her anxiety. When the “hellos” start to escalate, asking Emma to sing reduces her stress and agitation.

“Dementia can be a personality thief,” explained Sesti. “It can rock your sense of well-being and play havoc with emotions. When Emma sings, she’s happy. In those moments, we all experience the true Emma and share a moment of joy. Her life definitely inspires ours.”

Resident Spotlight Nominations



Do you have a special resident that you would like to nominate for the *Resident Spotlight*? *Resident Spotlight* will feature a resident who has a special talent, lived an adventurous life, given back to his or her community or experienced another type of accomplishment. Nominations will be reviewed and selected by a team from the Section for Long-Term Care Regulation. There is no deadline for submissions as the plan is to feature a resident(s) in each bulletin. Facilities should ensure that all privacy policies are followed. All written submissions are subject to editing and approval by the Office of Public Information. Please contact Tara McKinney at Tara.McKinney@dhss.mo.gov or 573-526-8514 to receive a nomination form.

The *LTC Bulletin* is published quarterly by the Section for Long-Term Care Regulation and is distributed to all Missouri long-term care facilities. Suggestions for future articles may be sent to Tara.McKinney@dhss.mo.gov or you may call (573) 526-8514.

